## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000053794**1. Corporation Name

CLAS-CLIP, INC.

Principal Place of Business 2705 HIATUS RD	Mailing Address  2706 HIATUS RD  COOPER CITY FL 33026 US				
COOPER CITY FL 33026 US					
Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_			

02-18-1999 90117 032 \*\*\*150.00

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 



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	2705 HIATUS RD COOPER CITY FL 33026 2706 HIATUS RD COOPER CITY FL 33026							
US	11 FL 33026	COOPER CITY FL 33026						
••		U\$				DO NOT 11-		
						3 Data la servicio del WRIT	E IN THIS SPAC	E
2 Del-	151					3. Date Incorporated or Qualifed		
	Il Place of Business	2a. Mailing Address				07/11/1995		
21		26				4. FEI Number		Applied For
Suite, A	pt. #, etc.	Suite, Apt. #, etc.				65-0586822	<u> </u>	Not Applicabl
22		27				5 Continue (C)	- ¢o	
City & S	tate					5. Certificate of Status Desired		75 Additional ee Required
!3		City & State				6. Election Campaign Financing		
Zip	Country	28				Trust Fund Contribution	☐ <b>\$</b> 5	.00 May Be
4		Zip	Cou	intry			Ac	ided to Fees
<del>-</del>	25	29	30			8. This corporation owes the curren		
	9. Name and Address of Curr	rent Registered Agent	11			Personal Property Tax.	Yes	□No
M2	ITH, ELIZABETH			81 Na	me	10. Name and Address of New Reg	istered Agent	
000	MARITTONING OF THE			"	anie		_	
220	31 BUTTONWOOD AVE			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable	<del></del>	
PER	MBROKE PINES FL 33026					- (	<del>3</del> )	
				83		<b>操放性等数</b> 3.600	A Part Control	2 4 47 4
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office or	To the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the ab	OVE-nam	ed como	ration submits this statement for the pur 's board of directors. I hereby accept th	FL	P 00007 1-1,,
agent. ( a	em familiar with, and accept the oblid	e of Florida. Such change was au	thorized	by the co	orporation	ration submits this statement for the pur 's board of directors. I hereby accept th	pose of changing	its registered
GNATURE		Jacons Of, Dection 607,0505, Flor	ida Statu	tes.	·	and or directors. Thereby accept th	e appointment a	s registered
	Signature, typed or printed name of registered ag	ent and title if applicable		_				
2.	OFFICERS A	ND DIRECTORS (NOTE:	Registered A	gent signati	ure required w	rhen reinstating)	DATE	
πE	PD		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIDE	TODD
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			1.3 STR	EET ADDRES	99	•		
Y-ST-ZIP	COOPER CITY FL 33026				∞]			
le.	VD	☐ DELETE	2.1 T/TLE	-ST-ZIP			•	
ME	SMITH, ELIZABETH L					· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
REET ADDRESS	2261 BETTONWOOD AVE		2.2 NAM	•				
Y-ST-ZIP	PEMBROKE PINES FL		2.3 STRE	ET ADDRES	s			
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1			3.2 NAME			•	Chang	e 🗌 Addition
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		☐ DELETE	6.1 TITLE				Change	
			6.2 NAME		i		∟] Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered. 6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

**IGNATURE:** 

REET ADDRESS

954-430-4223